

Select the temporary permit(s) you are requesting.

- To obtain a temporary Instructor permit, you must hold a current Virginia Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician or Master Esthetician License, respectively.

2. Social Security Number or Virginia DMV Control Number Σ

3. Date of Birth

4. Maiden Name or Former Surname(s)

5. **Street Address** (PO Box not accepted)

City State ZIP Code

6. Mailing Address (PO Box accepted)

City	State	ZIP Code
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7. E-mail Address _____

8. Contact Numbers Primary Telephone _____ Ext. _____
 Alternate Telephone _____ Ext. _____
 Facsimile _____

Board for Barbers & Cosmetology/TEMP PERMIT APP

Please note that in order to sponsor a temporary permit holder, the sponsor must not be the candidate's instructor, but a licensed individual who will be present at all times in the salon where the temporary permit holder will be working.

9. Temporary Permit Sponsorship

I, the undersigned, agree to supervise all activities related to the practice for the above-named individual, and shall be responsible for the actions of the applicant in this regard.

Babering	<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>
Nail Care	<input type="checkbox"/>	Waxing	<input type="checkbox"/>
Hair Braiding	<input type="checkbox"/>	Esthetics	<input type="checkbox"/>

Barber Sponsor:
Signature of Sponsor
Barber License No. 1301

Cosmetology Sponsor:
Signature of Sponsor
Cosmetology License No. 1201

Nail Technician Sponsor:
Signature of Sponsor
Nail Technician or Cosmetology License No. 12

Wax Technician Sponsor:
Signature of Sponsor
Wax Technician or Cosmetology License No. 12

Hair Braider Sponsor:
Signature of Sponsor
Hair Braider or Cosmetology License No. 12

Esthetic Sponsor
Signature of Sponsor
Esthetician License No. 12

Master Esthetic Sponsor
Signature of Sponsor
Master Esthetician License No. 12

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested permit. I certify that I have read, understand, and have complied with, all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia*, and the *Virginia Board for Barbers and Cosmetology Regulations*, *Wax Technician Regulations*, *Hair Braiding Regulations*, and *Esthetician Regulations*.

Signature _____

Date _____